

Timothy P. Cahill  
Treasurer and Receiver General

Commonwealth of Massachusetts  
Department of the State Treasurer  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
Telephone: (617) 727-3040  
Fax: (617) 727-1258

Eddie J. Jenkins  
Chairman

AIRLINE LICENSE APPLICANTS  
(M.G.L. CH. 138, S. 13)  
Procedures to apply for or renew a license

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**Important - payment and mailing procedures**

All applicants must complete the enclosed monetary transmittal form, attach your payment and application to the transmittal form and mail to:

Alcoholic Beverages Control Commission  
Post Office Box 3396  
Boston, MA 02241-3396

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Enclosed is an application to apply for an Airline license (to sell or transport alcoholic beverages) or to renew your license.

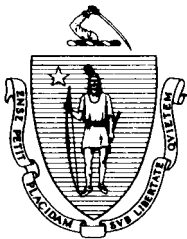
**The following must accompany your application:**

- LICENSE FEE: (Payable to the Commonwealth of Massachusetts)
- TO SELL: \$500.00 for the Master License and \$50.00 for each Certified Copy.
- TO TRANSPORT: \$1,500.00, requirements of the *Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188* ("the Bioterrorism Act of 2002.")
- ARTICLES OF ORGANIZATION:
  - a) NEW APPLICANTS  
If applicant is a Corporation, submit APPROVED copy of Articles of Organization issued by the Secretary of State of Massachusetts.
  - b) RENEWAL APPLICANTS  
Copy of approved articles of organization are required only if there have been any changes/amendments in the articles currently on file with this commission.

**Renewal applications MUST be submitted by NOVEMBER 30<sup>th</sup> of the calendar year.**

WEBSITE ADDRESS: [www.mass.gov/abcc](http://www.mass.gov/abcc)

Any questions please call, Theresa Strianese (617) 727-3040 x 21.



**2005**

**AIRLINE TRANSPORTATION APPLICATION**  
(M.G.L. CH. 138, SEC. 22)

NAME OF AIRLINE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_

The undersigned being a Common Carrier by Air operating out of the port of \_\_\_\_\_,

Massachusetts, hereby applies for a permit to TRANSPORT alcoholic beverages not to be consumed by passengers in its aircraft during the year 20\_\_\_\_.

Have you registered with the Food and Drug Administration? \_\_\_\_\_

FDA Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_

The foregoing statements are made under the penalties of perjury.

Signature \_\_\_\_\_

(DATE)

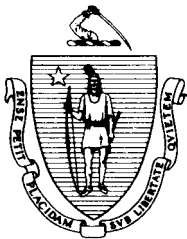
Title \_\_\_\_\_

**IMPORTANT NOTICE PAYMENT AND MAILING PROCEDURES**

All applicants must complete a monetary transmittal form. Attach your payment and application to the transmittal form and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

FEE: \$1,500.00 (CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS)



**2005**

**AIRLINE LICENSE APPLICATION**  
**(M.G.L. Ch. 138, Sec. 13)**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_

The undersigned being an Airline Corporation operating an airline within the Commonwealth, hereby applies for a license to sell alcoholic beverages to passengers for consumption in its aircraft.

Describe the aircraft to be licensed (give names, numbers or scheduled flight numbers, and type of aircraft). Please attach additional page if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_

The foregoing statements made under the penalties of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Individual or Corporate Name Date

\_\_\_\_\_  
Federal Identification Number

By: \_\_\_\_\_  
Corporate Officer Date  
(If applicable)

FEE: \$500.00 PLUS \$50.00 FOR EACH CERTIFIED COPY, PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER  
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:  
ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

***APPLICANT MUST COMPLETE THE FOLLOWING:***

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$_____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$_____
BROKERS	3007	_____	\$ 5000.00	\$_____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$_____
SALESMAN	3011	_____	\$ 200.00	\$_____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$_____
RAILROAD MASTER FOR SALE TO PASSENGERS	3009	_____	\$ 500.00	\$_____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$_____
STEAMSHIP	3010	_____	\$ 500.00	\$_____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$_____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$_____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$_____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION				
RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$_____

CHECK TOTAL \$\_\_\_\_\_